

11059 U.S. PTO
06/26/01

06-07-01

PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. ZL469/01001

First Inventor NARULA

Title WOUND COVERING PRESSURE RELIEF
PADS

Express Mail Label # EL625173771US

JC971 U.S. PRO
09/891481
06/26/01

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. Applicant claims small entity status.
See 37 CFR 1.27.
3. Specification [Total Pages 16]
 - Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. Drawing(s) (35 U.S.C. 113) [Total Sheets 13]
5. Oath or Declaration [Total Pages 3]
 - a. Newly executed (original or copy)
 - b. Copy from a prior application (37 CFR 1.63 (d))
(for continuation/divisional with Box 18 completed)

i. **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s)
named in the prior application, see 37 CFR
1.63(d)(2) and 1.33(b).
6. Application Data Sheet. See 37 CFR 1.76

ADDRESS TO: Box Patent Application
Washington, DC 20231

7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. CD-ROM or CD-R (2 copies); or
 - ii. paper
 - c. Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. Assignment Papers (cover sheet & document(s))
10. 37 CFR 3.73(b) Statement Power of Attorney (when there is an assignee)
11. English Translation Document (if applicable)
12. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
13. Preliminary Amendment
14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15. Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. Other:

18. If a CONTINUATING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP)

of prior application No. /

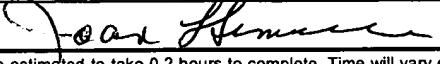
Prior application information: Examiner _____

Group Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when it is within the submitted application parts.

| | | | | | |
|---|--|--|--|--|----------|
| <input checked="" type="checkbox"/> Customer Number or Bar Code Label |  Place Customer Number or Bar Code Label here PATENT TRADEMARK OFFICE | | or <input type="checkbox"/> Correspondence address below | | |
| Name | | | | | |
| Address | JOAN L. SIMUNIC, REG. NO. 43,125 | | | | |
| City | State | | | | Zip Code |
| Country | Telephone | | | | Fax |

Name (Print/Type) JOAN L. SIMUNIC Registration No. (Attorney/Agent) 43,125

Signature  Date 6-26-01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 445.00)

Complete if Known

| | |
|----------------------|-------------|
| Application Number | |
| Filing Date | |
| First Named Inventor | NARUTA |
| Examiner Name | |
| Group Art Unit | |
| Attorney Docket No. | ZT469/01001 |

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

| | |
|------------------------|--|
| Deposit Account Number | |
| Deposit Account Name | |

Charge Any Additional Fee Required
Under 37 CFR 1.16 and 1.17

Applicant claims small entity status.
See 37 CFR 1.27

2. Payment Enclosed:

Check Credit card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity
Fee Fee Fee Fee Fee Description

| Fee Code (\$) | Fee Code (\$) | Fee Paid |
|---------------|---------------|----------|
| 101 | 710 | 201 |
| 106 | 320 | 206 |
| 107 | 490 | 207 |
| 108 | 710 | 208 |
| 114 | 150 | 214 |
| | | 355 |
| | | |
| | | |
| | | |
| | | |
| | | |

SUBTOTAL (1) (\$ 355.00)

2. EXTRA CLAIM FEES

| Total Claims | Extra Claims | Fee from below | Fee Paid |
|--------------------|--------------|----------------|----------|
| 30 | -20** = 10 | x 9 | = 90 |
| Independent Claims | - 3** = | x | = |
| Multiple Dependent | | | = |

Large Entity Small Entity

| Fee Code (\$) | Fee Code (\$) | Fee Description |
|---------------|---------------|--|
| 103 | 18 | 203 |
| 102 | 80 | 202 |
| 104 | 270 | 204 |
| 109 | 80 | 209 |
| 110 | 18 | 210 |
| | | Claims in excess of 20 |
| | | Independent claims in excess of 3 |
| | | Multiple dependent claim, if not paid |
| | | ** Reissue independent claims over original patent |
| | | ** Reissue claims in excess of 20 and over original patent |

SUBTOTAL (2) (\$ 90.00)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid |
|----------------------------|----------------------------|-----------------|---|
| 105 | 130 | 205 | 65 Surcharge - late filing fee or oath |
| 127 | 50 | 227 | 25 Surcharge - late provisional filing fee or cover sheet |
| 139 | 130 | 139 | 130 Non-English specification |
| 147 | 2,520 | 147 | 2,520 For filing a request for ex parte reexamination |
| 112 | 920* | 112 | 920* Requesting publication of SIR prior to Examiner action |
| 113 | 1,840* | 113 | 1,840* Requesting publication of SIR after Examiner action |
| 115 | 110 | 215 | 55 Extension for reply within first month |
| 116 | 390 | 216 | 195 Extension for reply within second month |
| 117 | 890 | 217 | 445 Extension for reply within third month |
| 118 | 1,390 | 218 | 695 Extension for reply within fourth month |
| 128 | 1,890 | 228 | 945 Extension for reply within fifth month |
| 119 | 310 | 219 | 155 Notice of Appeal |
| 120 | 310 | 220 | 155 Filing a brief in support of an appeal |
| 121 | 270 | 221 | 135 Request for oral hearing |
| 138 | 1,510 | 138 | 1,510 Petition to institute a public use proceeding |
| 140 | 110 | 240 | 55 Petition to revive - unavoidable |
| 141 | 1,240 | 241 | 620 Petition to revive - unintentional |
| 142 | 1,240 | 242 | 620 Utility issue fee (or reissue) |
| 143 | 440 | 243 | 220 Design issue fee |
| 144 | 600 | 244 | 300 Plant issue fee |
| 122 | 130 | 122 | 130 Petitions to the Commissioner |
| 123 | 50 | 123 | 50 Processing fee under 37 CFR 1.17(q) |
| 126 | 180 | 126 | 180 Submission of Information Disclosure Stmt |
| 581 | 40 | 581 | 40 Recording each patent assignment per property (times number of properties) |
| 146 | 710 | 246 | 355 Filing a submission after final rejection (37 CFR § 1.129(a)) |
| 149 | 710 | 249 | 355 For each additional invention to be examined (37 CFR § 1.129(b)) |
| 179 | 710 | 279 | 355 Request for Continued Examination (RCE) |
| 169 | 900 | 169 | 900 Request for expedited examination of a design application |
| Other fee (specify) _____ | | | |

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 0)

| | | | | |
|-------------------|---|--------------------------------------|--------|--------------------------|
| SUBMITTED BY | | Complete (if applicable) | | |
| Name (Print/Type) | JOAN L. SIMUNIC | Registration No. (Attorney/Agent) | 43,125 | Telephone (502) 584-1135 |
| Signature |  | | Date | 6-26-01 |

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